

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1906

Month

April

Day

5th

Age

Years

50

Months

7

Days

7

MARYLAND

Sex

Female

Color or
Race

White

Birth-
place

Dor. Co. Md.

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

William C. Asplen

Father's
Name

Jonas Parker

Father's
Birthplace

Dor. Co. Md.

Mother's
Maiden Name

Sleya Christopher

Mother's
Birthplace

Dor. Co. Md.

Name of person giving
In formation

Ethel G. Asplen

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Typhoid fever & Pneumonia

How long

4 weeks

Immediate

Don't know

How long

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

R. L. Brittain

Address

Church Creek Md.

Accident or Suicide?



Name
in
Full

Charles Burroughs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Point</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>24</i>	Years <i>21</i>	Months <i>4</i>	Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Point</i>			
Occupation <i>Laborer on farm</i>		Where Residing if not at place of death <i>Point</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Samuel J. Burroughs</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Lina Burroughs</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Samuel J. Burroughs</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>four days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John Moore</i>	
		Address <i>Cambridge Md</i>	
Accident or Suicide?			



Name
in
Full

Mrs Annie E Corkran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

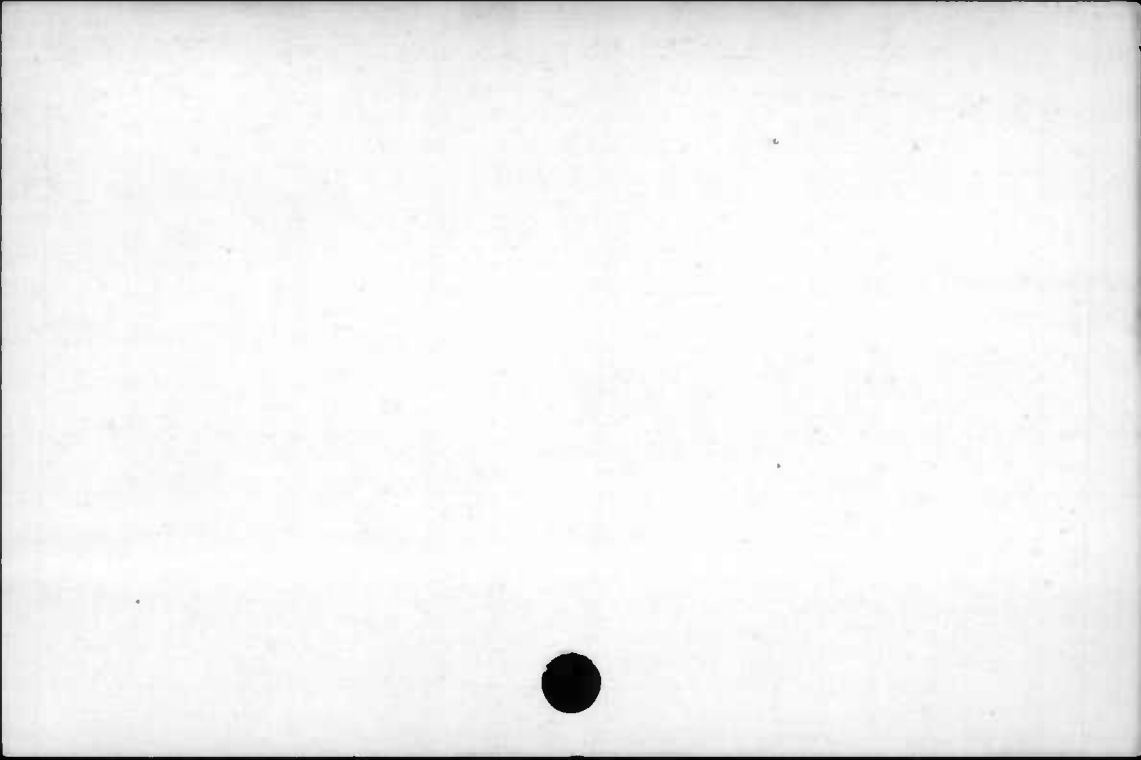
MARYLAND

Died at <u>Caulnass</u>		Town <u>Dorchester</u>		County	
Date of death	1906	Month	June	Day	9
Age	31	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Dorchester Co Md
Occupation	House wife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		Jas C. Corkran		
Father's Name	Edmond Paron		Father's Birthplace Dorchester Co Md		
Mother's Maiden Name	Margaret Chaule		Mother's Birthplace " " "		
Name of person giving information.	Jm W. D. James		How related to deceased Sister		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Abcess of gall bladder due to quiescence	How long	Some months
Immediate	Pneumonia	How long	Two days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. M. G. Labrough
		Address	Caulnass Md
Accident or Suicide?			



Name
in
Full

Lee O. Harris

CERTIFICATE OF DEATH

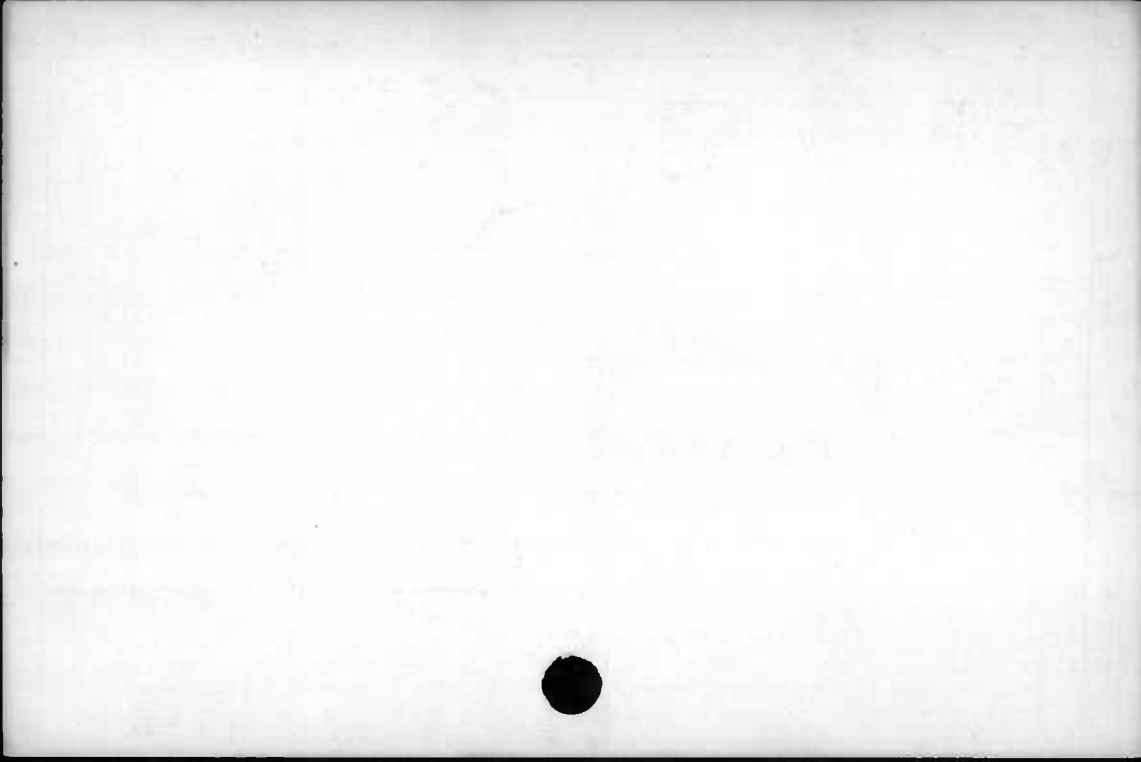
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u>	<u>apl</u> <small>Month</small>	<u>8</u> <small>Day</small>	Age <u>7</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>2</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Cambridge Md</u>		
Occupation <u>Boy</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>single</u>	Name of Wife or Husband				
Father's Name <u>Ed. Harris</u>	Father's Birthplace <u>Md. G. Md.</u>				
Mother's Maiden Name <u>Ella Perry</u>	Mother's Birthplace <u>Md. G. Md.</u>				
Name of person giving information <u>Mrs. Hughes</u>			How related to deceased <u>uncle</u>		

CAUSES OF DEATH

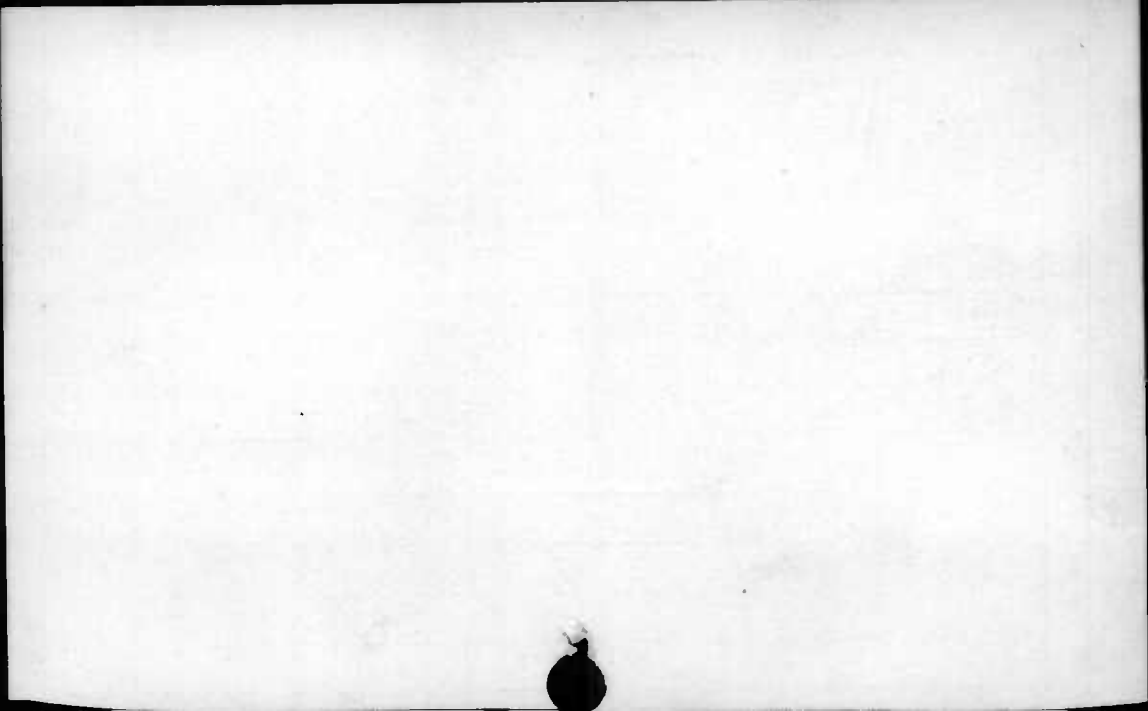
PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>1 month</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Lee Steele</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	



Name in Full		Certificate of Death					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>East New Market</i>		County <i>Dorchester</i>			
		State <i>MARYLAND</i>					
		Date of death <i>1906</i>	Month <i>4</i>	Day <i>10</i>	Age	Years	
		Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Dorchester</i>	Months <i>5</i>	Days <i>10</i>
		Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>don't know</i>		Father's Birthplace					
Mother's Maiden Name <i>Bertie Henry</i>		Mother's Birthplace <i>Dorchester co</i>					
Name of person giving information <i>Daniel E Henry</i>		How related to deceased <i>Grand Father</i>					
CAUSES OF DEATH							
Primary <i>Can't Say</i>		(179)		How long			
Immediate				How long <i>4 to 5 days</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None</i>					
		Address <i>Wm J Abdell Jr</i>					

PHYSICIAN
OR CORONER



Name
in
Full

Amelia Jackson

CERTIFICATE OF DEATH

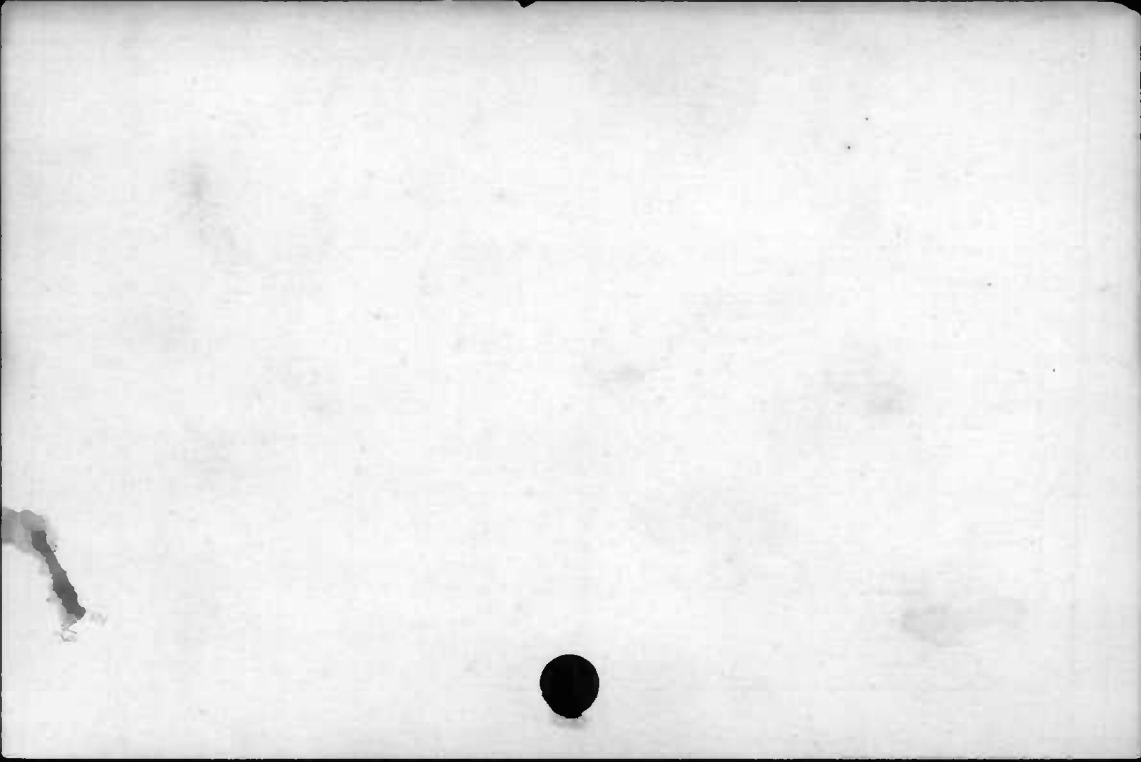
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1906	Month	April	Day	27 th
Age		37		Months	
Sex	Female	Color or Race	Caucasian	Birthplace	Cambridge
Occupation	Laborer		Where Residing if not at place of death Cambridge		
Married, Single or Widowed	Name of Wife Husband		Isaiah Jackson		
Father's Name	Lloyd Wheately			Father's Birthplace	
Mother's Maiden Name	Susan Rebecca Wheately			Mother's Birthplace	
Name of person giving information	Isaiah Jackson			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	1 yr
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yhs	
Signature of Physician		Guy Steele	
Address		Cambridge Md.	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		East Newmarket		Burchester		MARYLAND					
		Date of death	1906	Month	4	Day	9	Years	1	Months	1	Days	
		Sex	Male		Color	Dark		Birth-place	Near E. Newmarket				
		Occupation	None				Where Residing if not at place of death						
		Married, Single or Widowed	Single		Name of Wife or Husband								
		Father's Name	Frederick L. Jackson				Father's Birthplace	E. N. Market					
		Mother's Maiden Name	Elizabeth Banks				Mother's Birthplace	Secretary					
PHYSICIAN OR CORONER		Name of person giving information		Fred. L. Jackson		How related to deceased		Father					
		CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary		Abscess on Brain				How long		2 weeks			
		Immediate						How long					
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. S. Ayers					
						Address		E. Newmarket Md.					



Name
in
Full

Noah Kennedy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Vienna				Dorchester			
Date of death	1906	Month	4	Day	6	Age	68
Sex		male		Color or Race		white	
Birth-place		U.S.					
Occupation		Carpenter		Where Residing if not at place of death			
Married, Single or Widowed		married		Name of Wife or Husband		Emma Kennedy	
Father's Name		—		Father's Birthplace		U.S.	
Mother's Maiden Name		—		Mother's Birthplace		U.S.	
Name of person giving information				How related to deceased			

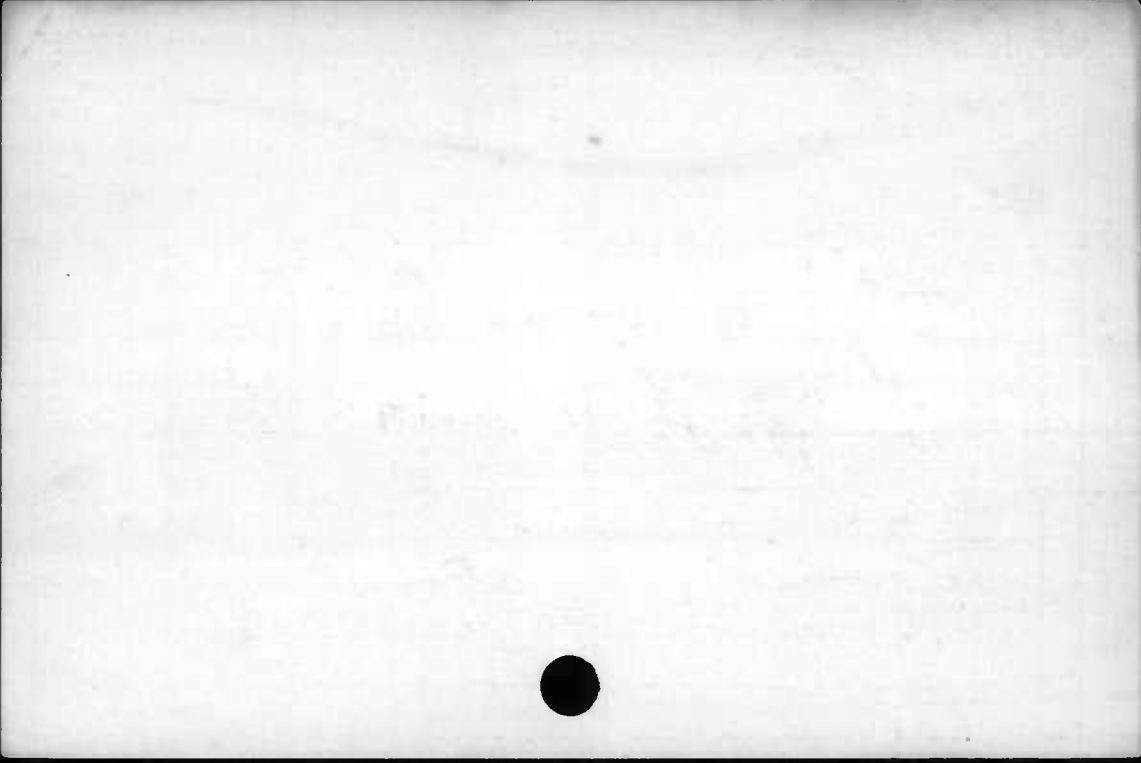
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio sclerosis	How long	1 yr
Immediate	Extensive	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. Brotnieau
		Address	Vienna Md
Accident or Suicide?			



Name in Full		Elizabeth A. Meredith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Bluestown</u> <small>Town</small>		<u>Winchester</u> <small>County</small>		MARYLAND		
	Date of death <u>1906</u>	Month <u>4</u>	Day <u>1</u>	Age <u>78</u> <small>Years</small>	Months <u>-</u>	Days <u>-</u>	
	Sex <u>Female</u>	Color or Race <u>Wh</u>		Birthplace <u>Wm. Co. Md.</u>			
	Occupation <u>Housewife</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Thos. M. Meredith</u>					
	Father's Name <u>Eliph B. Stevens</u>	Father's Birthplace <u>Wm. Co. Md.</u>					
	Mother's Maiden Name <u>Annie Stevens</u>	Mother's Birthplace <u>Wm. Co. Md.</u>					
	Name of person giving information <u>Jos. B. Meredith</u>	How related to deceased <u>Son</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Lobar Pneumonia</u>		(93)		How long <u>7 days</u>		
	Immediate <u>Gradual Exhaustion</u>				How long		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm. S. White</u>		Address <u>Cambridge Md.</u>		
	Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
Died at <u>Cambridge</u> ^{Town} <u>Jorchester</u> ^{County}		MARYLAND			
Date of death	1906	Month	Apr	Day	15th
		Years	2	Months	2
		Days	19		
Sex	Male		Color or Race	Colored	
Birthplace	Cambridge				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	Thomas Moody			Father's Birthplace	Support Va
Mother's Maiden Name	Mary E Steen			Mother's Birthplace	Jorchester Co
Name of person giving information	Mary E Steen			How related to deceased	Mother
CAUSES OF DETH					
Primary	Intestinal Tuberculosis			How long	Six months
Immediate	Hemorrhage			How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Dexter G Reynolds M.D.
				Address	
Accident or Suicide?					



Name
in
Full

Maria J Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cambridge		Worcester		MARYLAND					
Date of death		1906	Month	Apr.	Day	15th	Years	Age	46	Months	Days
Sex		Female		Color or Race		Colored		Birth-place		Worcester	
Occupation		Housewife		Where Residing if not at place of death							
Name of Son or Widowed		Name of Wife or Husband		Solomon Moore							
Father's Name								Father's Birthplace			
Mother's Maiden Name		Phillis Jackson						Mother's Birthplace			
Name of person giving information		Joseph Cornish						How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis	How long	3 months
Immediate	Cardiac Insufficiency	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Walter F. Reynolds M.D.	
Address			
Accident or Suicide?			



Name
in
Full

D. M. Newbury ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Wounded		County Dorchester		MARYLAND	
Date of death	1906	Month April	Day 29	Age 62	Years 6	Months 19	Days
Sex	Male		Color or Race	White		Birth- place	North Carolina
Occupation	Merchant			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Henrietta Newbury			
Father's Name	Joseph D. Newbury				Father's Birthplace	North Carolina	
Mother's Maiden Name	Eliza Elder				Mother's Birthplace	New York City	
Name of person giving in formation	Eliza Newbury				How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	7 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		
as far as I know	Signature of Physician B. L. Smith M.D.		
	Address Madison, Md		
Accident or Suicide?			



Name
in
Full

Elizabeth A. Nichols

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Hurdock

Date

of death 1906

Month

4

Day

7

Age

Years

67

Months

8

Days

17

Sex

female

Color or
Race

white

Birth-
place

Hurdock Co. Md

Married, Single
or Widowed

married

Occupation

wife

Name of Wife or
Husband

Grandbury Nichols

Father's
Name

Nathaniel Noble

Father's
Birthplace

Caroline Co

Mother's
Maiden Name

Mary Noble

Mother's
Birthplace

Caroline Co

Name of person giving
In formation

Ora J. Nichols

How related
to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia (Lobar)

93

How long

one week

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. Roger Myers

Address

Hurdock Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Arthur Pinder ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Cardtown^{County} DorchesterDate
of death 1906Month
4Day
2Age
Years 19Months
-Days
-Sex
MaleColor or
Race Blk.Birth-
place MdOccupation
Farm LaborerWhere Residing if not
at place of deathMarried, Single
or Widowed SingleName of Wife or
HusbandFather's
Name Stephen PinderFather's
Birthplace Md.Mother's
Maiden NameMother's
BirthplaceName of person giving
Information LeCompte & HarperHow related
to deceased Undertakers.

CAUSES OF DEATH

Primary Pneumonia (Primary)

How long 9 days.

Immediate Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

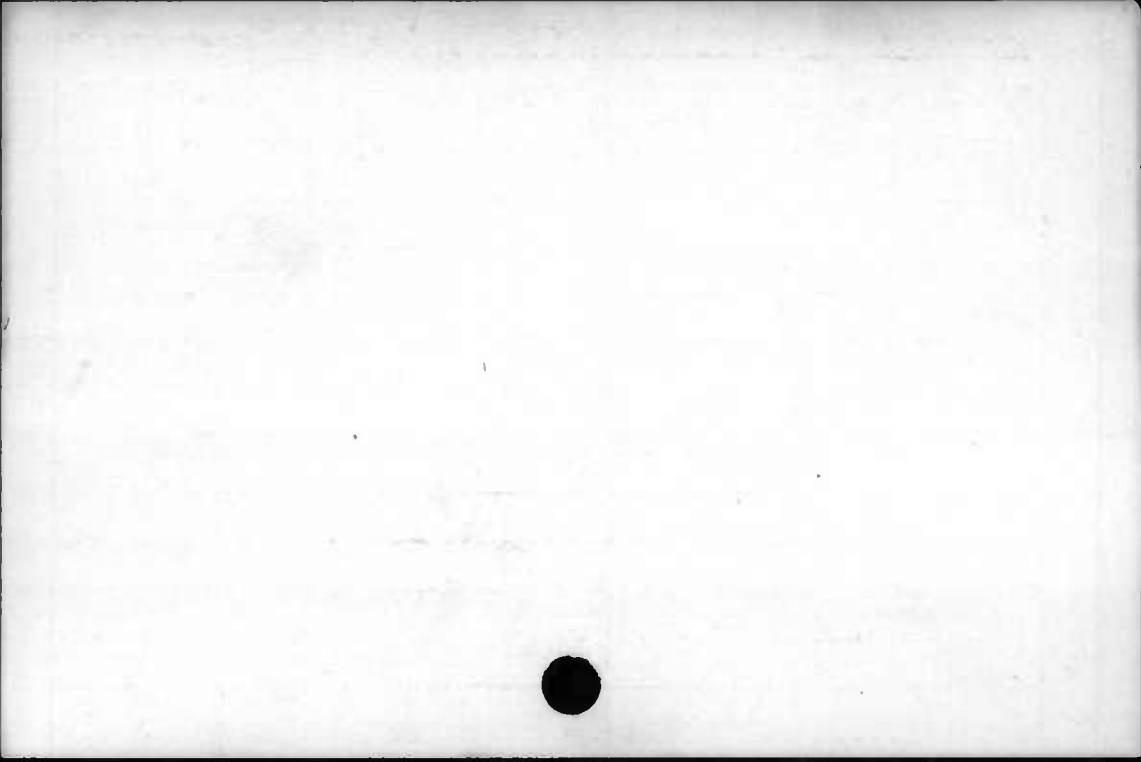
yes

Signature of
Physician

Address

E. E. Wolff
Cambridge, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

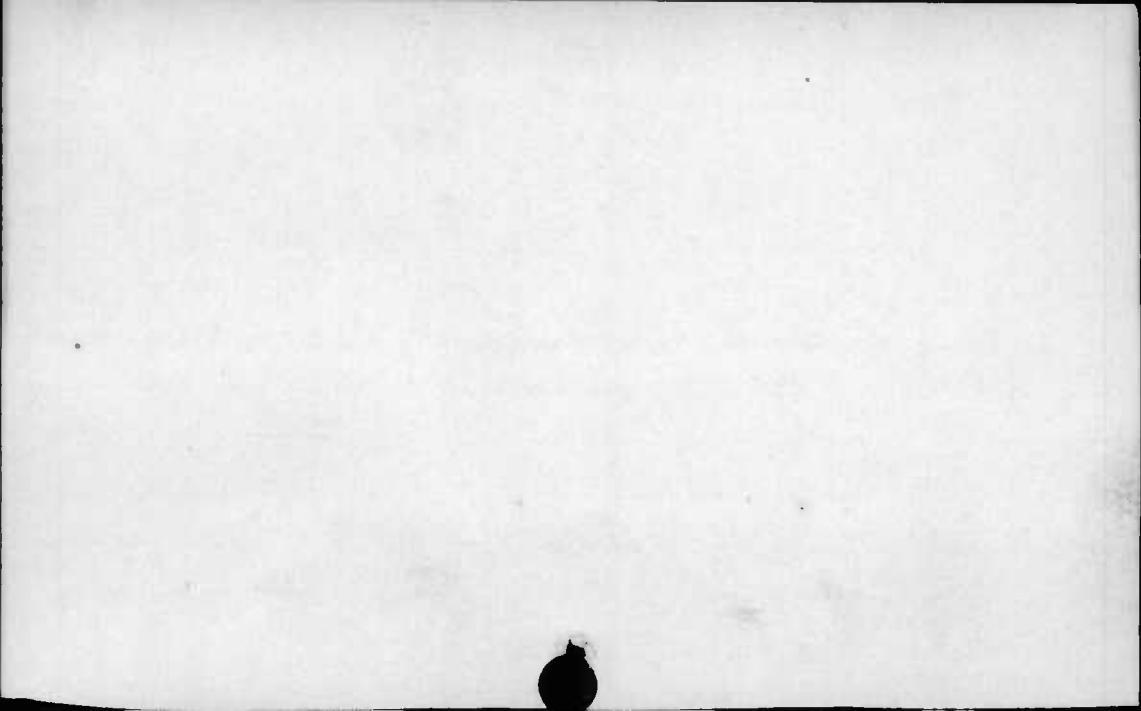
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Jimmie Smith</i>		Town <i>East New Market</i>		County <i>Dorchester</i>		MARYLAND	
Died at		Month <i>4</i>		Day <i>23</i>		Years <i>22</i>	
Date of death <i>1906</i>		Age <i>22</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester</i>			
Occupation <i>Mill Hand</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Samuel Smith</i>		Father's Birthplace <i>Dorchester</i>					
Mother's Maiden Name <i>Louisa Willie</i>		Mother's Birthplace <i>..</i>					
Name of person giving information <i>Chas E Bartlett</i>		How related to deceased <i>Brother in law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Tree fell on him in woods</i>		How long <i>at once</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None</i>	
		Address <i>Wm L Abell Jr</i>	



Name
in
Full

Mahala A. Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Annapolis Town

Orchenon County

Date of death 1906 apr

Day 11

Age 61- Years

Months -

Days -

Sex Female

Color or Race Colored

Birth-place Br. G. Md.

Occupation Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed MarriedName of Wife or
Husband

Edna P. Stanley

Father's
NameFather's
BirthplaceMother's
Maiden Name

Julia A. Cephas

Mother's
Birthplace

Br. G. Md.

Name of person giving
information

Geo. W. Stanley

How related
to deceased

Son

CAUSES OF DEATH

Primary

Sub. Max. Abscess.

(146)

How long

6 days

Immediate

Typhemia Pythemia

How long

11

Are the name, age, sex, color, date
and place correctly given above?

Yes

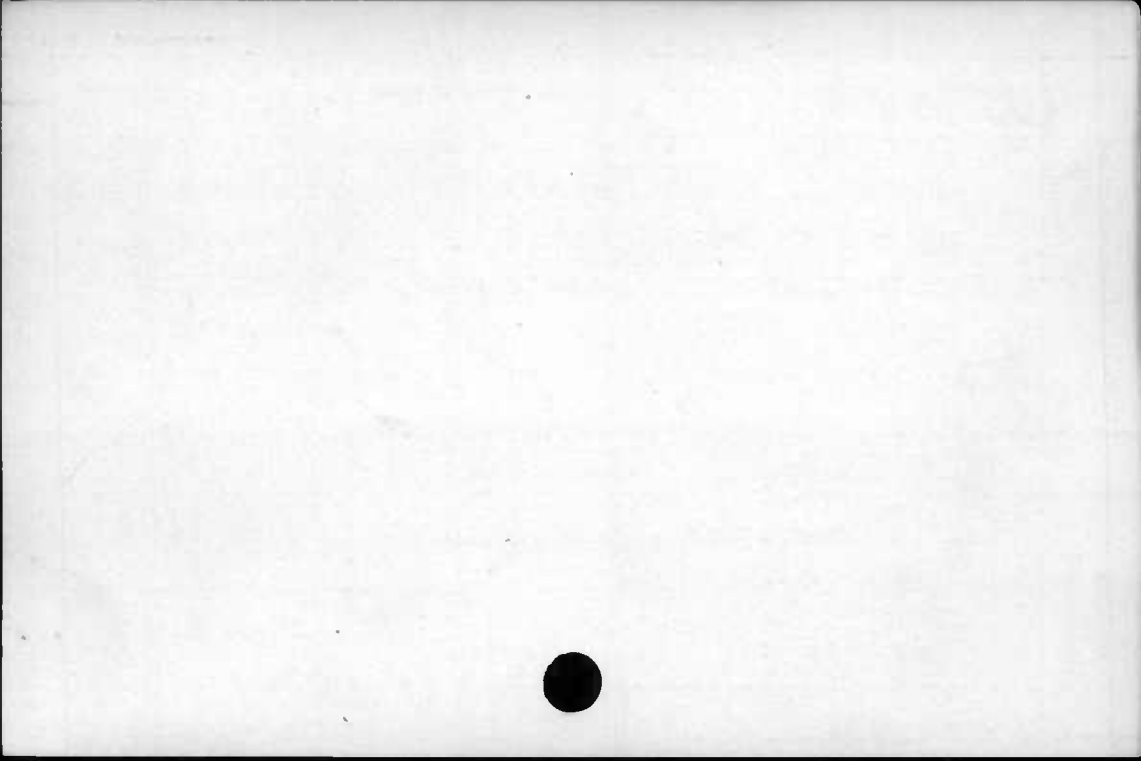
Signature of
Physician

Guy Steele

Address

Cambridge Md.

Accident or Suicide?



Name
In
Full

M^{rs} Alfred Stansberry

CERTIFICATE OF DEATH

Died at <i>Cambridge</i> ^{Town}		<i>Jarchester</i> ^{County}		MARYLAND	
Date of death	<i>1906</i>	Month <i>Apr.</i>	Day <i>11th</i>	Age <i>50</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Jarchester Co.</i>		
Occupation <i>Laborer general</i>	Where Residing If not at place of death <i>— — —</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Maggie Stansberry</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Maggie Stansberry</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

Primary <i>Carcinoma</i>	How long <i>45</i> ^(circled)
Immediate <i>Asithenia</i>	How long <i>4 months</i>

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

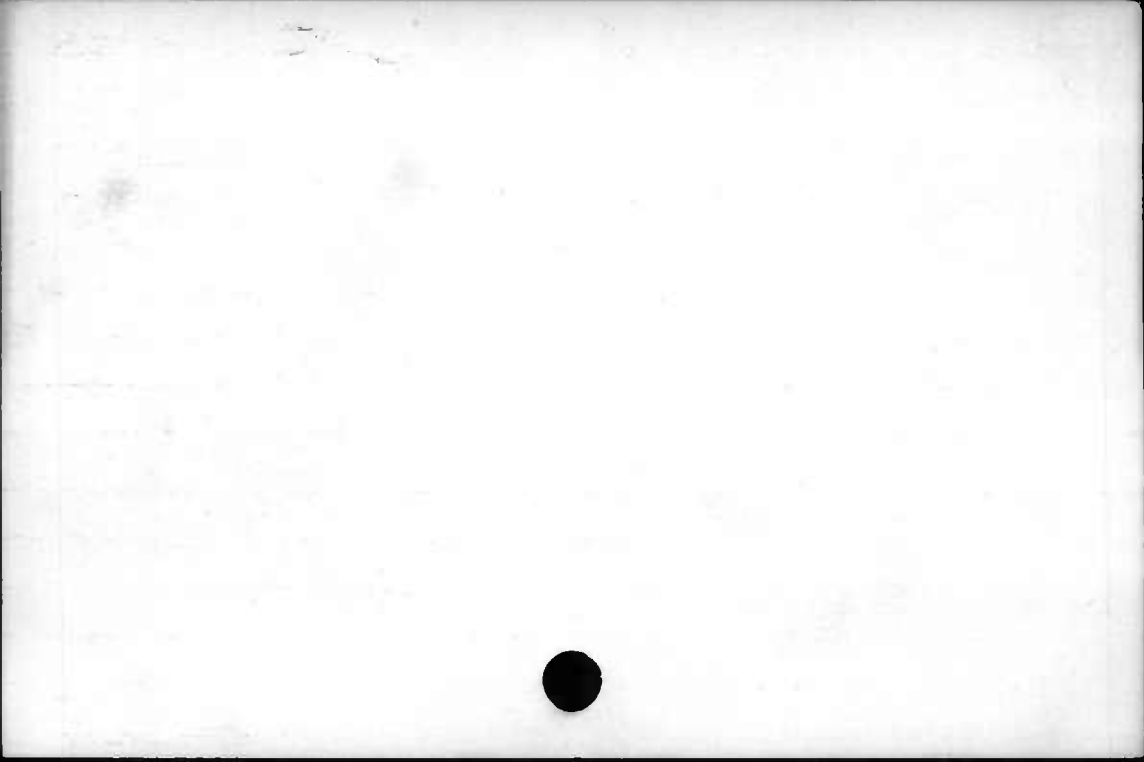
Address

*Dexter Reynolds M.D.
Cambridge Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Middle Town</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	190 <i>6</i>	Month <i>4</i>	Day <i>2</i>	Age <i>76</i>	Years <i>76</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birthplace <i>Dorchester</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Middletown</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Milky Ann Thomas</i>				
Father's Name <i>Harry Thomas</i>	Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name <i>Milky Ann Earles</i>	Mother's Birthplace <i>Dorchester</i>				
Name of person giving information <i>Seven Thomas</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption Lungs</i>	How long <i>7 months</i>
Immediate <i>Heart Failure</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor B. Kelly</i>
	Address <i>Box 1512 Mocks St. Md.</i>



Name in Full <i>Irreeciah Thompson</i>		Town <i>Near Federalburg</i>		County <i>Dorchester</i>		CERTIFICATE OF DEATH	
Died at		Date of death <i>1906</i>		Age <i>69</i>		MAYLAND	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		Months Days	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Ann</i>					
Father's Name		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>John H Hubbard</i>		How related to deceased <i>Bro-in-law</i>					
CAUSES OF DEATH							
Primary <i>Valvular disease of Heart</i>		How long <i>1 1/2 years</i>					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. L. Kottel</i>		Address <i>Preston Md</i>			
Accident or Suicide?							



Name
in
Full

Vaughn S. Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elwood</u> Town			County <u>Dor.</u>			MARYLAND	
Date of death 1906	Month <u>4</u>	Day <u>6</u>	Age <u>54</u>	Months <u>7</u>	Years <u>11</u>		
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Dor. Co.</u>				
Married, Single or Widowed <u>married</u>			Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Dora E. Vickers</u>							
Father's Name <u>Nathan Vickers</u>				Father's Birthplace <u>Dor. Co.</u>			
Mother's Maiden Name <u>Dora E. Kelly</u>				Mother's Birthplace <u>Dor. Co.</u>			
Name of person giving information <u>Elsie Vickers</u>				How related to deceased <u>daughter</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Septicemia</u>	How long <u>20</u>
Immediate <u>"</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. Roger Myers, M.D.</u>
	Address <u>St. Michaels Md.</u>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

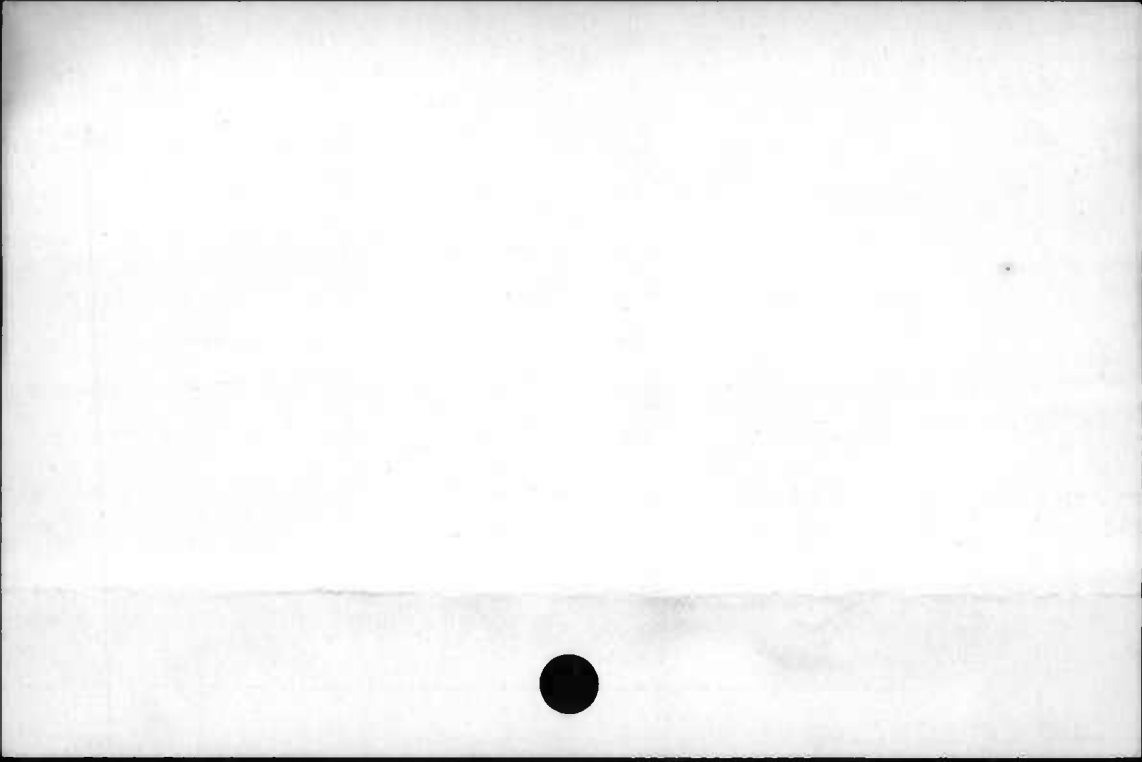
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. Skunk</i>		Town <i>W. Skunk</i>		County <i>Do</i>		MARYLAND	
Date of death 1906	Month <i>4</i>	Day <i>3</i>	Age <i>47</i>	Years	Months <i>9</i>	Days <i>27</i>	
Sex <i>female</i>	Color or Race <i>white</i>		Birthplace <i>Rappahannock Co Va</i>				
Married, Single or Widowed <i>married</i>		Occupation <i>wife</i>					
Name of Wife or Husband <i>Jos B Woodward</i>							
Father's Name <i>Gabriel Woodward</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>John P Woodward</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sub diaphragmatic abscess</i>	How long
Immediate <i>It's severe Ruptured</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Roger Myers MD</i>
	Address <i>Hurlock</i>
	<i>MD</i>
Accident or Suicide?	



Name
in
Full

Solomon W. Woolford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wilton</i> Town		<i>Harchester</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>18</i>	Years <i>73</i>	Months <i>0</i> Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dor. Co. Md.</i>		
Occupation <i>Garment</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>William Woolford</i>			Father's Birthplace <i>Dor. Co. Md.</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Muriel Fitzhugh</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Mental degeneration</i> (79)	How long	<i>Don't know</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Probably</i>		Signature of Physician <i>R. L. L. Smith</i>	
		Address <i>Church Creek, Md.</i>	
Accident or Suicide?			

